



**STATE OF GEORGIA**  
**Department of Revenue**  
**Sales and Use Tax Division**

**1800 Century Center Boulevard, NE, Ste. 15311**  
**Atlanta, Georgia 30345-3205**  
**Telephone: (404) 417-6649**

Clear Form

**APPLICATION FOR CERTIFICATE OF EXEMPTION**  
**DIGITAL BROADCAST EQUIPMENT FOR RADIO**  
**OR TELEVISION BROADCASTERS, CABLE NETWORKS OR CABLE DISTRIBUTORS**  
**PURCHASES MUST BE LIMITED TO PURCHASES OF DIGITAL EQUIPMENT**

1. Legal Business Name \_\_\_\_\_
2. D/B/A Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_
4. Business Location \_\_\_\_\_, Georgia \_\_\_\_\_
5. Type of Broadcaster: Television ☐ Radio ☐ Cable Network ☐ Cable Distributor ☐
6. Will equipment be: ☐ Purchased ☐ Leased ☐ or Both
7. Anticipated date purchases or leases will begin: \_\_\_\_\_ (MM/DD/YY), be completed: \_\_\_\_\_ (MM/DD/YY) .
8. List the type of equipment, manufacturer or supplier, and purchase price for which exemption is claimed.

Equipment	Manufacturer or Supplier	Purchase Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach separate equipment list if needed.

The undersigned hereby certifies that purchases or leases of digital equipment for use in this state comes within the exemption provisions of O.C.G.A. § 48-8-3(74) and that the equipment will solely be used at the above stated business location.

GEORGIA CERTIFICATE OF REGISTRATION NO. \_\_\_\_\_ DATE \_\_\_\_\_ (MM/DD/YY)  
 (IF APPLICABLE)

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_